

IMPORTANT ABSENTEE VOTING INFORMATION

- To be valid, an application for an Absentee Ballot must include the registered voter's name, address of voting residence, applicant's date of birth, and signature, AND must also include one of the following: 1) the applicant's Ohio driver's license number; OR 2) the last four digits of the applicant's Social Security Number; OR 3) an attached COPY of some form of valid photo identification belonging to the applicant or an attached COPY of a current utility bill, bank statement, government check, paycheck, or some other government document showing the applicant's name and address.
- Applications for an absentee ballot that are mailed to the applicant's county Board of Elections must be received by that Board of Elections no later than noon on the Saturday before the election. Applications for an absentee ballot may be made in person during the normal business hours of the applicant's county Board of Elections until the close of business the day before the election. If a registered voter is hospitalized due to a medical emergency, an application for absentee ballot may be made to the applicant's county Board of Elections until 3:00 p.m. on Election Day.
- Voted absentee ballots must be returned to the absentee voter's county Board of Elections prior to 7:30 p.m. on Election Day, except that if the absentee voter is overseas, the ballot must be postmarked no later than Election Day and received by the absentee voter's county Board of Elections no later than 10 days after the election or 20 days after a Presidential Primary Election. Ensure that the Identification Envelope is properly completed and signed prior to returning the ballot.

PLACE THE APPLICATION IN AN ENVELOPE AND MAIL IT TO:
FRANKLIN COUNTY BOARD OF ELECTIONS
ATTN: ABSENTEE DEPARTMENT
PO BOX 163460
280 EAST BROAD STREET
COLUMBUS, OHIO 43216-3460

ABSENTEE BALLOT APPLICATION FOR (<input type="checkbox"/> GENERAL <input type="checkbox"/> PRIMARY <input type="checkbox"/> SPECIAL) ELECTION	
REGISTERED VOTER INFORMATION:	IDENTIFICATION REQUIREMENTS:
THIS SPACE FOR OFFICE USE ONLY	DATE OF BIRTH (REQUIRED):
PRINT NAME:	You must provide <u>EITHER</u> your Ohio driver's license number <u>OR</u> the last 4 digits of your social security number. If you do not, you must enclose a copy of current photo identification, a current utility bill, bank statement, government check, paycheck, or other official document that shows your name and address.
STREET ADDRESS:	
CITY / STATE / ZIP:	
PHONE NUMBER: (RECOMMENDED)	OHIO DRIVER'S LICENSE NUMBER:
	LAST 4 DIGITS OF SOCIAL SECURITY:
BALLOT DELIVERY INFORMATION (COMPLETE ONLY IF DIFFERENT THAN ABOVE)	IF THIS APPLICATION IS FOR A PARTISAN PRIMARY ELECTION, PICK A POLITICAL PARTY: <input type="checkbox"/> Democratic Party + Ballot Questions & Issues <input type="checkbox"/> Republican Party + Ballot Questions & Issues <input type="checkbox"/> Ballot Questions & Issues ONLY
STREET ADDRESS:	
CITY / STATE / ZIP:	
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.	APPLICANT'S SIGNATURE (required): X _____